THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXII. WEDNESDAY, JULY 15, 1840. No. 23.

PHYSICAL EXPLORATION.—THE RHONCHI.

[DR. W. W. GERHARD, of Philadelphia, has commenced the publication, in the Medical Examiner, of a series of Lectures on the Exploration and Treatment of Diseases of the Chest, which it is understood are to be republished in the form of a book when completed. They will prove a valuable addition to the works on auscultation already in the hands of the profession. We copy, this week, the description of the different rhonchi, and may hereafter, as space will admit, make further quotations from these lectures.]

There is a set of sounds produced by the respiration in certain states of disease of the chest, which are totally unlike the sounds heard in health. These sounds are called the rhonchi; and they are produced by impediments to motion, either of the lungs themselves, or of the air in the bronchial tubes. Those which belong to the lungs proper are caused by obstacles to the passage of the air through the bronchial tubes; these are the most interesting and important of the class.

There is another set of rhonchi, which arise from the friction of the serous membranes in the chest, and are common to both the lungs and the heart. They occur when the effusions in these membranes consist chiefly of lymph which coats the surface of the serous tissues sufficiently to cause a slight creaking sound. This creaking or friction sound in the pleura, takes place during both inspiration and expiration, but especially at the commencement of the expiration, when the ribs first begin to sink down, and the pleura is drawn rather rapidly over the ribs. It is not limited to a single spot, but shifts about with the dilatation and contraction of the chest; and is generally most evident about the lower angle of the scapula, and often extends from that point across the axilla to the sternum. It is a sign which is proper to pleurisy, either primary or secondary; and it is in general readily recognised after the bronchial rhonchi are known, especially if the friction be sufficient to give to the parietes of the chest a thrilling motion, which may be felt by the hand.

The rhonchi, properly so called, are divided into the moist and the dry. The moist rhonchi are the mucous, including the gurgling of cavities, the sub-crepitant, and the crepitant. The dry rhonchi are the sonorous and the sibilant, to which may be added the dry crepitant.

The *moist rhonchi* are caused by the resistance offered by a liquid in the tubes or vesicles to the passage of the air; the liquid forms bubbles of various sizes, and their successive breaking is the chief cause of the

rhonchus. The dry rhonchi are produced by real thickening or spasmodic contraction of the mucous membrane, which gives a musical tone to the respired air; they are most evident in the expiration, while the moist rhonchi are for the most part heard during the inspiration. The rhonchi are not necessarily permanent, except the crepitant rhonchus; for the obstructions forming mucous rhonchus, or the thickening of the larger tubes, may be removed for a time, in many cases, by an effort of coughing.

The mucous rhonchus is the loudest of the moist rhonchi; it is caused by the breaking of bubbles of tolerable size contained in the larger tubes; the sound is readily enough recognised, and scarcely ever mistaken, even on a first examination. This is the sound which is often audible at a little distance from the chest of the patient, especially if it extend over a large portion of the lungs. The mucous rhonchus is heard wherever there is an abundant secretion of liquid into the larger bronchi; now this generally arises from the second stage of bronchitis, but it is quite common in phthisis and the third stage of pneumonia; and the blood which is poured into the bronchi in hæmoptysis, may give rise to the same phenomena. The mucous rhonchus is generally heard both in the inspiration and expiration, as the air returns with sufficient force from the lungs to agitate the liquid, and form bubbles.

There are two varieties of the mucous rhonchus, which are almost peculiar to phthisis; these are the dry crackling, produced by the softening of the thick, pasty matter of tubercle, which gives a peculiarly dry and sharp sound, and the loose, but concentrated gurgling of a cavity. Any disease which gives rise to a cavity in the substance of the lung, will produce this cavernous gurgling; hence it may arise from gangrene of the lungs, pneumonia, or even a dilated bronchus. But as cavities depend much more frequently upon phthisis than any other cause, probably nine-tenths of those which you meet with may be referred to softened tubercles. The gurgling differs from mucous rhonchus merely by its greater concentration; it is in this respect that, like the other signs of cavities, it is distinguished from those of the bronchi; and it passes into mucous rhonchus by an insensible gradation. You may place, therefore, the dividing line between the mucous rhonchus of small cavities, and of the bronchi, where you please. Large cavities can never be mistaken. But there are some cases of dilatation of the bronchial tubes which extend over a considerable portion of the lung, in which the secretion of liquid is abundant, and the mucous rhonchus very similar to that of an ordinary cavity. The liquid gurgling is heard both in the inspiration and expiration, for the air is reflected from the sides of the cavities during expiration, and of course causes an almost continuous rhonchus. You will find that both the crackling and gurgling are liable to disappear, although the cavity remains; for the liquid secretion may be for a time suspended, or the matter may be expectorated, and the walls of the cavity remain dry.

The sub-crepitant rhonchus differs from the mucous in two respects; the bubbles are finer, and they break in a more gradual and regular succession. The rhonchus is therefore confined to the smaller tubes,

through which the air passes rather slowly, and the bubbles nearly fill up their calibre. It is heard in various parts of the lungs, but much more frequently at their lower and posterior part than elsewhere, for the liquid accumulates there in the smaller tubes more than in any other part. The sub-crepitant rhonchus is heard very faintly during the expiration.

The crepitant rhonchus is the most important of the moist rhonchi. It is either fine or coarse, the latter variety differing very slightly from the sub-crepitant. When the crepitant is fine, it is pathognomonic of the first stage of pneumonia; and it is then produced in the vesicles of the lung, and perhaps in the small tubes which ramify through the lobules—but when it is extremely fine, the sound is probably strictly vesicular, and seems to depend upon two causes, the breaking of the minute bubbles of thick mucus, and the dilatation of the thickened and stiffened vesicles. If the crepitus be rather coarse, it seems to arise more from the smaller tubes than from the vesicles, although this is a point which is not susceptible of a rigorous demonstration. A crepitant rhonchus is a sign which is connected with the parenchyma of the lungs, and can never occur in the larger tubes; and it is not produced by other diseases of the parenchyma than pneumonia, because it is only in the latter disease that you will find the thick, viscid secretion, and the stiffened, yet still dilatable condition of the vesicles. The crepitant rhonchus is strictly confined to the inspiration; the air does not pass in the expiration with sufficient rapidity to break the tenacious liquid. The crepitant rhonchus generally forms trains of bubbles, something like the successive explosion of a small train of wet powder; and the sound is compared to various trivial noises, such as the crackling of salt, the rubbing of a lock of hair; but, like all the signs of auscultation, nothing out of the body gives a correct idea of its character. You must, therefore, learn it in patients laboring under pneumonia; and if you have not opportunities for examining cases in connection with persons who are familiar with the physical signs, I would advise you to select a case in which the pneumonia is advanced to the second degree, and the general symptoms of the disease accord with the physical signs. In such cases your diagnosis of the disease may be regarded as quite certain; and you may trace the crepitant rhonchus as it proceeds from the interior of the indurated lung towards the exterior.

There are certain sounds connected with the pleuræ which are similar, as I have already stated, to the moist rhonchi. These are two in number, the friction sound, and the metallic tinkling which is heard generally when the external air communicates with the cavity of the pleura, but is occasionally observed in cases of large cavities in the substance of the lung. The friction sound differs in some cases very slightly from the sub-crepitant, and I have sometimes been puzzled to discriminate between them; of course I do not allude to the well-characterized variety, in which there is a thrilling motion extending along the chest, and felt as well as heard, but to those cases in which the friction is very slight. The deposit of lymph is then generally very small, but such is not necessarily the case, for there may be little friction when the effusion is

large, especially if the lung be separated from the pleura by serum, which prevents the two surfaces from coming much into contact. The best method of distinguishing the slighter variety is to attend to the manner in which it follows the act of respiration; in the true sub-crepitant rhonchus the bubbles break regularly, and follow the passage of the air; in the slight friction sound there is not this regularity, and its position is never as permanent; there are besides, generally, some collateral circumstances, such as the existence of the sub-crepitant rhonchus in other parts of the lungs, which will aid in distinguishing the two sounds.

The metallic tinkling is a peculiar sound produced by the escape of bubbles of air from beneath a stratum of liquid, situated in a cavity whose walls are firm and elastic. The liquid must occupy only a portion of the cavity, the upper part remaining filled with air. It was supposed that the sound was caused by a drop of liquid which fell from the upper surface of the fluid. Dr. Bigelow, of Boston, suggested the explanation which is now commonly received, that the sound is not caused by the fall of a drop, but by the bursting forth of a bubble of air from beneath the liquid. This is the case, but it is not necessary that the air should be driven forcibly through the bronchial tubes; a very small portion of air contained within the liquid is sufficient to give rise to the tinkling. The sound is called tinkling, because it is somewhat similar to the light tinkle produced by striking with a pin or some other light piece of metal upon a glass vessel. It is always heard in connection with the amphoric respiration, which depends upon the physical condition necessary to produce it. The sound, therefore, is not of great practical value.

The *dry rhonchi* are the sonorous, sibilant, and the dry or rustling crepitant; the latter of these is of very little value, and hardly differs from the rustling sound of the respiration, to which I have already alluded. They are, for the most part, heard chiefly during the expiration, and are caused by temporary or permanent thickening of portions of the mucous membrane of the larger or smaller tubes. In the large majority of cases they are heard in the earlier stages of bronchitis, before secretion has occurred, or in the chronic stages of this disease in which the secretion is not sufficient to remove the swelling of the membrane. But they may depend upon a purely spasmodic state of the bronchial tubes, for there is no doubt that these tubes are occasionally subject to spasmodic action.

The sonorous rhonchus is generally very loud and well marked; few of you have ever heard it, without recognising it merely from description. It is a loud cooing sound, somewhat similar to that caused by drawing the bow slowly over the bass string of a violin, or to the cooing of pigeons. The sound may be compared most exactly to the note of the violin, but the rhonchus itself is so peculiar from its deep musical tone, and so unlike any other sound heard in the chest, that you will scarcely mistake it. It is most frequent along the upper part of the lungs, both anteriorly and posteriorly, and cannot be produced except in the larger bronchial tubes, for the smaller ones do not yield so deep a note. In acute bronchitis, and even in the chronic cases of this disease, this rhonchus is so fugitive that it sometimes ceases and returns almost with every

act of respiration. But you will generally find it in some portion of the lungs, although it may not remain long in a single spot. It is, however, not always so moveable. In the numerous cases of secondary bronchitis which attend the diseases of the lungs and various acute disorders, the sonorous rhonchus is frequent, but it is not found in the most severe and dangerous cases of these disorders, or at least not exclusively. It is in all cases a sign of bronchitis, and when not connected with the moist rhonchi, generally indicates a mild form of the disorder.

The sibilant rhonchus bears the same relation to the smaller tubes, that the sonorous does to the larger; it is a low, whistling sound, heard during the expiration, generally very short and variable in situation. Of course you will find it in those portions of the chest where the bronchi are rather small, and, at the same time, are not subject to congestion or accumulation of secretion—that is, at the anterior margin of the lungs. The sibilant rhonchus is chiefly heard in the various stages of bronchitis without effusion, especially in the chronic dry catarrh, and the secondary bronchitis of typhoid fever.

Both these dry rhonchi are easily learned from this very description alone, for they have a sufficiently close analogy to the sounds which are selected as objects of comparison. Thus the deep bass note and the musical tone are quite characteristic of the sonorous rhonchus, while a whistling and slightly musical sound are equally characteristic of the sibilant. The latter rhonchus is even more moveable than the sonorous, and is extremely irregular in its time of re-appearance.

The mucous, sub-crepitant, sonorous and sibilant rhonchi are sometimes heard combined together in a variety of chronic catarrh, attended with asthmatic paroxysms; they were then sometimes called by Laennec the "song of all birds—*cantus omnium avium*." More frequently, however, you will find two at least of these rhonchi present at the same time, as the sonorous and sibilant, the mucous and sub-crepitant; a dry may be combined with a moist rhonchus. This depends upon an obvious cause; the various portions of the mucous membrane may be affected to different degrees, and in one part secretion may have commenced, while another remains turgid and dry; besides the secretions tend to accumulate at the posterior and inferior part of the lungs; hence you will find the moist rhonchi sometimes in this position, when the same inflammation gives rise merely to a dry rhonchus elsewhere. The rhonchi may also be connected with other physical signs, as the bronchial respiration and resonance of the voice; and it is sometimes a matter of some difficulty to distinguish them. This is especially the case with the bronchial respiration and the sonorous rhonchus; one not accustomed to these signs may easily mistake one for the other when they occur singly; and if combined, the sonorous rhonchus may mask the bronchial respiration to an inexperienced observer, for both these signs are chiefly heard during the expiration, and there is a certain degree of similarity between them. The only certain distinguishing mark is to examine the part of the chest by percussion; if this be flat it will prove that there is bronchial respiration wherever the tubes are large; if both bronchial respiration and sonorous rhonchus are present at the same time,

the flat percussion is so far useful that it indicates the more important sign. The chances of error, therefore, become extremely small, and are still more diminished if you attend to the musical tone in the sonorous rhonchus; this does not characterize the bronchial respiration, which is a pure blowing sound.

After having gone through the description of these sounds, you will be tempted to make the same remark which has often been repeated to me. That is, that the difficulty is not in understanding the description of the sounds, but in acquiring the habit of rapidly and readily recognising them. To be practically useful, you must distinguish them with certainty, and you must do this without great loss of time to yourself, or the fatigue to your patient which necessarily results from a protracted examination. If you are tempted to lay too much stress upon your newly-acquired knowledge, you may perhaps be tempted to fall into the errors against which I have warned you at the beginning of the course, that is, of trusting too much to your physical diagnosis.

Now, you must avoid both these errors, and you will do this by the same means; that is, by making your diagnosis by the general symptoms, and merely adding the physical examination to this as a matter of instruction, until you are sure of your own progress. Those of you who follow my demonstrations will not need this caution, because each step is pointed out, and every part commented upon as it presents itself. The caution is designed for those who trust chiefly to their unaided exertion; these are, under ordinary circumstances, sufficient, though necessarily attended with more trouble, and requiring more time. I shall bear these remarks in mind when describing individual diseases, and will group the physical and general signs together, that one may mutually assist the other.

There is another set of symptoms which are not physical, yet are so local in their character that they should be described before you proceed to the study of special diseases; these are the cough and expectoration, which may properly form the subject of another lecture.

EMBRYOTIC INFLUENCES—ACEPHALOUS CHILD.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In disputed or obscure points in physiology, an accumulation of facts can alone furnish the means of satisfactory elucidation. In regard to one of these disputed points—for it is by no means generally admitted that strong impressions on the mind of the mother influence the *fœtus in utero*—I wish to make the following communication. In this *very* enlightened age, many are disposed to scout such a supposition as wild, visionary and absurd. Facts, however, *are* stubborn things, and although neither prepared to throw down or take up the gauntlet on either side, I wish to get as near to the truth as our present means of determining will admit.

I was called to attend upon Mrs. ——, in labor with her first child. On examination, the presentation completely puzzled me. After the

most careful and anxious attempts to make out the presenting part, I found myself entirely at fault. I was prepared, however, for something abnormal; but as the labor was making due progress, I gave no reason to my patient, or those around, to suppose there was anything unusual in the case. On the birth of the child, the difficulty was instantly cleared up. The part that had presented was the superior cervical vertebra, covered with a flabby cellular texture of no great thickness. The superior part of the cranium was wanting, above a line drawn from just over the eyes to the posterior inferior part of the skull. Brain there was none, apparently. The depressions in the base of the skull were filled up with a loose cellular tissue. The skin, particularly that of the face, was dark blue, from intense congestion. There seemed to be no other malformation, with the exception of a spot near the inferior end of the spinal column, where one vertebra seemed wanting. Respiration was not established, but the pulsations of the heart were distinctly to be felt for nearly an hour after birth.

To approach, now, the object for which I make the communication. On the appearance of the child, a bystander uttered a sudden exclamation of surprise. This instantly called the attention of the poor mother, and she inquired, with fearful anxiety, what was wrong. On some evasive, soothing reply being made, she proceeded to state her fears that the child was wanting in the top of the head. On making inquiry, I learned the following particulars. Some time previous, I cannot state precisely how long, a medical gentleman related a case in her hearing, in which the same malformation of the child existed. This sunk deeply into her mind, and she apprehended the verified result. Now in many such cases, the fears of the mother, as we all know, prove entirely unfounded; and in others, an imaginary resemblance is supposed to obtain between the congenital defect and the supposed cause, which, after all, is purely suppositious. In the case related, however, the mother *never* saw the child, and when I desired her to give me, as accurately as she could remember, the description given by the medical gentleman alluded to, she faithfully described the appearance of her own child. Some time subsequent, I ascertained, from this gentleman, whether the statement made by my patient was correct as it related to him, which it proved to be in every particular. Yours, &c. H.

Haverhill, N. H., 23d June, 1840.

HOPKINS MEDICAL ASSOCIATION.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I forward you the doings of the Hopkins Medical Association, which you will please publish, if you think them of sufficient interest.

Yours, respectfully, D. H. Hubbard.

The Annual Meeting of the Hopkins Medical Association was held at the Eagle Tavern, Hartford, Ct., June 10th, 1840. The following are the officers chosen for the year ensuing:—Archibald Welch, M.D., *President;* Amariah Brigham, M.D., *Vice President;* Denison H.

Hubbard, M.D., *Recording Secretary;* George B. Hawley, M.D., *Corresponding Secretary;* Daniel Holt, M.D., *Treasurer.*

Dr. Benjamin Rogers (Hartford) was elected a member of the Association. Dr. Thomas Miner, of Middletown (formerly president of the State Medical Society), corresponding member of the Hopkins Medical Association, was present, and added much to the interest of the meeting by his remarks. No epidemic has been witnessed by any of the members for the last four months. Delirium tremens was observed to be much more frequent, but less fatal than formerly. Cases of this disease had occurred to most of the physicians present, since our last meeting. Dropsy and epilepsy were reported as far less common, and more successfully managed. Dr. Simeon Shurtleff read a dissertation "On the necessity and importance of a more radical and efficient course of instruction at our medical schools," observing that the present system has a less effectual discipline than that of either Divinity or Law, and that consequently it less thoroughly qualifies men for this profession than any other. Instead, therefore, of the common practice of reading with private physicians who have leisure for teaching little else than a specific practice, they should be indoctrinated in the general principles of their profession at some appropriate, thorough-going school. From the peculiar difficulties that have ever retarded the march of medicine as a science—from the character and condition of society—from the responsibilities of medical men, their qualifications and attainments should be superior. They should have a combined knowledge of the past and present—a knowledge of the other professions—of all the sciences and the arts—everything, in fact, which can enable them to discriminate with accuracy and despatch. They should be men in whom the public can place implicit confidence—men of untiring zeal, of fixed purpose and sound judgment—men who will not, the moment they leave a preparatory school, bid a final farewell to all literary and scientific research, but who will regard the moment of their entrance into practice, as one which just admits them into a rich and expansive field which requires a mighty and strength-giving discipline to subdue. Some of the causes which are now operating to retard the advancement of medical science, among which are a great inaccuracy in observation—hasty conclusions both from wrong and right principles—an extreme tendency to theorize rather than closely investigate—dishonesty in the collection and arrangement of facts—an unpardonable indifference in the thorough, close, and unprejudiced investigation of disease, as well as a peculiar epidemic tendency of filling our minds with books and verbiage alone, without enriching them with those facts and those principles which the present state of medical knowledge requires—were the principal topics embraced in the dissertation.

BERKSHIRE MEDICAL INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

I BEG leave to call the attention of the readers of the Journal to the notice of the forthcoming course of lectures at the Berkshire Medical

Institution. The combination of talent, *especially* of *teaching* talent, they have contrived to draw together, is certainly unusual. Of those who have labored in the Institution and brought it to its present standing, little need be said. Prof. Childs was its principal founder, and the architect of much of its deserved celebrity. Drs. Parker and Watts in the departments of surgery and pathological and general anatomy, are well known to be strong men. Both occupy stations in other institutions of high character; and both have refused invitations to some of the best endowed chairs in America. I have had the good fortune to hear the courses from these gentlemen, and a course of materia medica from Dr. Palmer, who is now announced as the Professor of Materia Medica, Chemistry and Medical Jurisprudence. His materia medica course was highly satisfactory, and the students of the Vermont Medical College speak in the very highest terms of his chemical instructions. Of Dr. Nelson, the professor of descriptive and surgical anatomy, I know nothing, but by report. That speaks highly of his talents and learning.

With chairs filled in a manner so highly satisfactory, I cannot but think that the *seats* will also be filled in a manner to meet the most sanguine expectations of the friends of the school. A GRADUATE

Boston, June 30th, 1840. OF THE BERK. MED. INST.

DISEASES OF THE HEART.

At one of the recent pathological meetings of the Royal Medical and Chirurgical Society, in London, Dr. Kingston showed a preparation exhibiting two lesions, no cases of either of which have yet been recorded; one of these was a perfectly close adhesion of one of the aortic valves through its whole extent to the surface of the aorta. In addition to tough, thready membrane, connecting the surface of the valve to the artery, there was a thin, firm, reddish membrane passing from the aorta straight over the free edge of the valve, a minute portion only of which it left uncovered. This membrane extended for about an inch upon the surface of the ventricle, its extremity being in some places loose and shreddy; the adherent valve, as well as the other two, had a little cartilaginous thickening at its edges; the portion of the aorta to which it adhered was atheromatous, and greatly thickened, and the rest of the upper part of the aorta was irregularly thickened with patches of atheroma, under the inner membrane, alternating with cartilaginous degeneration of the inner membrane itself; the orifice and channel of the aorta were of moderate calibre.

The other remarkable lesion exhibited by this preparation was a total obliteration of the orifice of the left coronary artery, and thence of its channel, for the distance of an inch; this part of the channel was flattened, with firm adhesion of its opposite surfaces; the right coronary was of rather small calibre, and healthy texture.

With respect to the heart, the tricuspid orifice was dilated to a circumference of five inches, while its valve was somewhat shortened; the cavities were all greatly dilated, but those of the left side much the most

so; the left ventricle was attenuated nearly in proportion to its dilatation; the right ventricle was somewhat hypertrophous.

There was extensive bronchitis, pulmonary apoplexy, rather recent adhesion of the left lung to the pericardium, granular liver, the mucous membrane of the stomach deeply reddened, and softened over its whole extent.

The subject of these lesions had been a married woman, aged 53; she had, in the last stage of her illness, been a patient of Dr. Kingston and Mr. Walsh; in youth, but not of late years, she had been subject to articular rheumatism; her fatal complaints had come on four or five years ago at the decline of the catamenia; she used to be seized, while walking, with urgent dyspnœa, pain extending from the heart to the left scapula, and such extreme faintness as to be in danger of falling; she used frequently to wake in the night with similar sensations, obliging her to start up in bed, and continue erect for a considerable time; there was great weight at the stomach after food, frequently combined with cramp-ish pain and vomiting. In both kinds of paroxysms she derived relief from hot stimulating drinks.

Six months before death her complaints were much aggravated by affliction at the death of her husband, during the last night of whose life she was in a state of alarming syncope for some hours. Cough supervened, with great excitability, depression of spirits, and debility; the pulse used to be about a hundred while in bed, but was much accelerated, and sometimes unequal, after the exertion of walking; it was not decidedly deficient in firmness and fulness; there was none of that visible pulsation of the arteries which has been supposed pathognomonic of aortic regurgitation; there was a rough, sawing murmur in the region of the ventricles, owing to the regurgitation at the tricuspid orifice; and there was a strong blowing murmur at the region of the semi-lunar valves, owing to the regurgitation through the aortic orifice, one third of which was permanently patent. To this extraordinary degree of regurgitation may likewise be referred a peculiar vibratory pulsation, which alternated with the heart's impulse, just to the left of the sternum, between the third and fourth cartilage.

On admission to the dispensary, fourteen weeks before death, she obtained great relief for six weeks from tonics, antispasmodics, and carminatives; but she relapsed, and hydro-pericardium and anasarca supervened; she was confined to bed a month, and sunk slowly.

In connection with this case Dr. Kingston mentioned another he had met with, in which the orifice of one of the coronary arteries, though not quite obliterated, was reduced to the breadth of a small pin; it was surrounded by a yellow rim; the channel beyond was much contracted, and drawn up into longitudinal folds for the distance of three quarters of an inch; the other coronary artery was much narrowed in various parts of its course by atheromatous and osseous thickening; there was a little cartilaginous thickening of the aortic valves, an atrophic perforation of the mitral valve, great thickening, partly cartilaginous and atheromatous, of the aorta, great hypertrophy of the left ventricle, combined with great dilatation of all these orifices and cavities.

The subject had been a sweep, aged 48; had occasionally had rheumatism of no great severity; had for ten years been subject to vertigo, dyspnœa on exertion, and wheezing, and for five or six years to cardiac palpitation. About four months before death the dyspnœa greatly increased, and was conjoined with a severe epigastric pain, "as if he were tied up in knots," on walking fast or laying down, and often with a sensation as of something rising to the larynx, and producing sense of suffocation, which often waked him in the night, and obliged him to start up and walk about; the pulse ranged from 104 to 124, and was harsh, hard, firm, moderately full; the heart's impulse was very strong, and extended over and to the left of the cardiac region; never any œdema; what most relieved him was a small bleeding, and an antimonial saline mixture.

The day before death he was easier, and more cheerful than previously. At night, after being in bed some hours, he got out, saying, "I am very ill!" After walking about the room for a minute he returned to bed. Five minutes afterwards he jumped up, exclaimed, "I am dying!" and, after one or two gurglings in his throat, fell down dead.—*London Lancet.*

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BOSTON, JULY 15, 1840.

FELLOWSHIP OF THE MASSACHUSETTS MEDICAL SOCIETY.

For the sake of diffusing information which cannot be regarded with indifference, the following extracts from the by-laws of the Massachusetts Medical Society are published. It will be noticed that the terms of admission to a fellowship are neither difficult to comply with, nor embarrassing to a stranger. In fact, everything has been done which is necessary without lessening the dignity of the association, to open wide the door of entrance to all who have claims to professional respectability in this ancient Commonwealth. For ourselves, we venture to express a hope that there will now be a general ingathering throughout the State of those who have heretofore had no participation in the advantages and honors of this venerable and excellent institution.

"LIII. Any licentiate of this Society, or Doctor of Medicine of Harvard University, or of the Berkshire Medical Institution, may obtain admission as a Fellow into this Society, as provided in the laws of the Commonwealth, by either of the methods following, viz.:—1. He may apply to the Corresponding Secretary of this Society, and after exhibiting his letter of license, or his diploma, as the case may be, he may subscribe a printed copy of the by-laws, to be kept by the Corresponding Secretary for that purpose; and the Corresponding Secretary shall then give to him a certificate that he is entitled to a diploma of his fellowship. Such a diploma shall be furnished to him by the Recording Secretary, on the presentation of this certificate: or, 2. He may apply to any Counsellor of this Society, when at a distance from the Corresponding Secretary, and

present to the same his letter of license or diploma, as the case may be, and subscribe a printed copy of the by-laws belonging to such Counsellor; whereupon the Counsellor shall give to the applicant a certificate of the transaction, specifying the date of the license or diploma exhibited; this certificate shall be transmitted by the applicant, at his own expense, to the Corresponding Secretary, who shall then proceed as if the applicant had signed the copy of the by-laws kept by himself, and who shall likewise insert the name of the applicant on the copy, with the name of the Counsellor concerned in the transaction; *Provided*, That every applicant under this law shall satisfy the person to whom he applies for the signature of the by-laws, that he maintains a good moral character, before he is permitted to sign the same.

"LIV. The evidence of a good moral character, in the case referred to in the next preceding by-law, shall be a certificate from some known and respectable person acquainted with the applicant, except when he is known to the Secretary or Counsellor to whom he applies, in which case such officer may act on his own knowledge.

"LV. It shall be the duty of every Counsellor to keep a copy of the by-laws ready for subscription, and to act in conformity with the by-laws next preceding; and in case any Counsellor certifies falsely in respect to an applicant to him for signature, he shall, on conviction, be liable to expulsion from the Society.

"LVI. If any licentiate of this Society, or Doctor of Medicine, graduated either at Harvard University or at the Berkshire Medical Institution, shall neglect to obtain admission as a Fellew of this Society, according to the method of the 53d by-law, for one year after he is entitled to the same, he shall be deemed an irregular practitioner: nor shall he afterwards be admitted as a Fellow of the Society unless he make a representation of his case in writing to the Counsellors, and satisfy them that he has had good reasons for not pursuing the steps necessary for his admission as a Fellow, within the time above specified. In every such case the Counsellors shall decide by vote whether the reasons are, or are not, satisfactory, and the result shall be communicated to the applicant by the Corresponding Secretary; whereupon, if the result be favorable to the applicant, and he sign the by-laws, according to the 53d by-law, within three months, he shall be admitted as a Fellow, and not otherwise."

Premium Teeth-filling.—We are authorized by several members of the committee appointed to examine and report upon philosophical apparatus, surgical instruments, chemical preparations, &c., at the late Mechanics' Fair in this city, to state, in reply to the inquiry of our correspondent Y, in the number of 20th May last, that it was their unanimous opinion that D. K. Hitchcock was not entitled to a premium of any description for the loaded teeth exhibited by him, and that the award of a diploma to him by the Committee on Premiums was not in conformity with the recommendation appended to their report.

In the above paragraph is embodied the disclaimer of the committee appointed at the late Mechanics' Fair, to decide who, of those presenting specimens of ingenuity or improvements in the arts, were entitled to the Society's diploma or medals. A certain dentist received a diploma for his achievements in filling teeth; yet it is now ascertained that the committee did not recommend that distinction. The artist, however, may

or may not have known the decision of the committee; yet he received the diploma, and the question is agitated, how did this happen, and through whose influence was the decision of the examining committee set aside?

It appears to us that if any permanent injury is inflicted on the practising dentists of the city, in consequence of this manœuvre, they are the persons to remonstrate. A statement made by them to the government of the Mechanic Association would certainly meet with a respectful notice. If, on the other hand, the committee feel, as we apprehend they do, aggrieved that their endeavors to serve the best interests of an intelligent community, which was at a sacrifice of time and involved personal responsibility, were overruled without their knowledge—nay, without a shadow of reason, an explanation from some source would seem to be indicated. Then, again, the man who stands between two fires—being honored and dishonored—cannot be an indifferent spectator in the business. For ourselves, we entertain no feelings of ill will or partiality towards any one connected with the affair, but regret most sincerely that anything pertaining to what is likely to become a mooted point appeared in this Journal.

Mr. Combe at Cincinnati.—Our correspondent at the West says—"Be kind enough to state that *Mr.* Combe has become affronted without cause at the observations of W. J. B., of Cincinnati. The remark that he stated to a gentleman in private conversation, that to 'lecture to a Cincinnati audience would be like throwing pearls before swine,' is certainly not 'disrespectful to the inhabitants of the city, or injurious' to *Mr.* Combe. Suppose he did state it. It was but a piece of pleasantry, provided it was not said in a pet (in which *Mr.* Combe seems to have been when he wrote his letter). But, to ask the gentleman's pardon, and to acknowledge that the '*gentleman*' alluded to '*in private conversation,*' was not a man of credibility, or to acknowledge that I have, myself, told an untruth, let it be repeated that there was, and still is, ground for such an opinion as is expressed in the first quotation. The people of Cincinnati have been bored to death on the subject of phrenology, and at this time it would certainly require the zeal, talent and ability of *Mr.* Combe to awaken any interest in their minds upon its importance.

"To conclude this short note, I would express my regret that he did not lecture in our city (notwithstanding I am an opponent of the doctrine), that he has taken offence at my report of the remark said to have been made 'in private conversation,' and that I have made the very common mistake (one which you, Mr. Editor, have made) of giving *Mr.* Combe the title of *doctor.*"—[The editor has no recollection of having made such a blunder.—Ed.]

Dr. Paine's Medical and Physiological Commentaries.—A few copies of this great work—for, aside from the learning displayed in it, there are two large octavos, the first containing 716, and the second 815 pages, compactly printed—have been sent to Boston for distribution. A more extended notice of the contents will follow whenever we have sufficiently investigated the general character of Dr. Paine's literary and philosophical labors.

Poisoning by Arsenic.—M. Orfila detailed to the Royal Academy of Medicine, on the 17th of March, the results of two experiments with

arsenic. In the first, he injected 12 grains of arsenious acid into the stomach of a dog. The animal survived an hour and a half; the poison was detected in considerable quantity in the different viscera, but none was found in the urine. In the second experiment, two grains were introduced into the thigh of a dog; the animal died in 36 hours, and arsenic was found both in the different viscera and in the urine..—*Archives Générales de Médicine.*

Dumbness produced by Sulphate of Quinine. By Dr. Menage.—Madame L., 22 years of age, nervous, irregular in menstrual functions, subject to hysterical affections, was seized with intermittent fever, which evinced its activity by the periodic return of the above symptoms. After the six first attacks, 12 grains of the sulphate of quinine were ordered, to be exhibited in three doses during the intermission. The two first doses produced no effect; but immediately after taking the third, extreme nervous excitement was induced, the features became sharp, the eyes projecting; there was violent pain in the head, and, finally, a total inability of utterance. The sense of hearing and sight were unaffected. This condition, after lasting for twenty-four hours, ceased instantly, leaving behind it merely a slight confusion in the head. The fever did not re-appear.

This case loses much of its interest from occurring in a hysterical patient. A similar case was observed by M. Bertin, and published in a thesis by that gentleman in 1839.—*Gaz. Med. de Paris.*

Medical Miscellany.—A society has been formed in Cincinnati, on the plan of the British Association, with a medical section, law section, &c., auxiliary to the Western College of Teachers.—Dr. Gross, we learn, is preparing a work on surgical anatomy. Such a work, *on a systematic plan*, is much needed, and Dr. Gross is the very man to write it.—The school at Louisville is well settled, after the trials and difficulties felt for the last four months, and will doubtless have a large class next winter. May she prosper, without any further trouble.—Sir Charles Bell, at a late date, was in London, on his way to Rome. It is untrue that Sir Charles is dissatisfied with his Edinburgh chair.—M. Ricord is also in London, visiting hospitals and seeing the medical lions of the British metropolis.—The lecture session of the University of Maryland will open in September. Dr. W. N. Baker's services have been secured for an additional course of lectures on surgery.—Dr. Dubouy, of the Navy, is translating M. Bouillaud's treatise on the heart.—Dr. Hannay, of the Lock Hospital, strongly recommends the daily use of three or four leeches to the gums and nose in those inveterate venereal ulcerations of the soft parts, which are always considered formidable, even in the mildest form.—The American Medical Intelligencer, for June 15th, gives an abstract of the annual report of the Pennsylvania Hospital, ending April 25th, 1840. Whole number of patients, 1155; deaths, 84; cured, 590.—We continue to hear much of Dr. Stearns's Philosophy of the Mind, without knowing certainly of any one in New England who possesses it. The first proposition is this, viz., "man consists of three entities—body, soul and mind." The author was formerly president of the Medical Society of the State of New York.—Dr. Clark's little patient, tapped by him several times for hydrocephalus, is represented to be recovering. The case should be minutely detailed for the profession.—Dr. Post relates the case of a girl, 16 years of age, who

made a mis-step with a child in her arms, and probably, from all he could discover, separated the epiphysis from the neck of the thigh bone. The accident is of rare occurrence. The limb is now a quarter of an inch shorter than the other.—It is shameful that Dr. Stewart's translation of Billard is claimed to be a production of England. Dr. Stewart resides in the city of New York.—Dr. Chapin's instrument for the treatment of prolapsus uteri, is certainly thought well of by physicians.—Mrs. Gove's Health Journal intimates that anything in the character of a contribution, sent to Mr. Graham, at Northampton, Mass., would be gladly received; and the editor says—"We would suggest to all who have been benefited by his teachings, to send him something in this his hour of *extreme need.*" What does this mean? In an editorial article by the same lady, she says that Graham's Lectures to Young Men is a book that should be in every family, and should be read by every adult." We beg to differ from this opinion—for we would as soon recommend the public patronage of brothels as a family patronage of that book of books on self-pollution. "Evil to him who evil thinks."—Dr. Cyrus Knapp, of Augusta, Me., has been appointed, by the Governor of that State, physician to the Maine Insane Hospital.—Dr. Bell's Select Library for July, comprises a continuation of Hunter on the Animal Economy.

To Correspondents.—A case of carcinomatous tumor of the rectum is deferred till next week; also an obituary notice of the late Dr. Gowdey, of Vt.

Married,—At Pepperell, Mass., Amos B. Bancroft, M.D., of Groton, to Miss Marietta Shipley, of P.

Died,—At Westfield, Mass., Dr. James Holland, 78.—In Dedham, Dr. George H. Gay, dentist, of this city.

Number of deaths in Boston for the week ending July 11, 27.—Males, 13—females, 14.—Stillborn, 3.
Of consumption, 1—concussion of the brain, 1—smallpox, 1—casualty, 2—infantile, 3—drowned, 1—sudden, 1—child-bed, 1—dropsy, 1—convulsions, 2—dropsy on the brain, 1—apoplexy, 2—enlargement of the heart, 1—brain fever, 1—scarlet fever, 2—stoppage in the bowels, 1—fits, 1—croup, 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.